

Official Use Only: Name:	Signature:	Date:	Reg No:
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We will once again be taking team photos during the season. It is now a requirement that we receive permission from the parent/guardian for photos to be taken. Please tick the appropriate box below to allow your child's photo to be taken for team photos/ action shots for presentation night.

	Yes	No
I give permission for photos to be taken	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
I give permission for my child's photo to be used on the Newman Sienna Netball Club website	<input type="checkbox"/>	<input type="checkbox"/>

ARE THERE ANY MEDICAL CONDITIONS THE COACH NEEDS TO BE AWARE OF? (THIS WILL BE STRICTLY CONFIDENTIAL) YES NO

IF YES, PLEASE PROVIDE DETAILS _____

I/we the undersigned understand that the Newman Sienna Netball Club or any club or committee member, official, coach, manager or umpire cannot be held responsible for any injury sustained by the above player, or the loss of any property, during a game, training session or related event.

I/we authorize the appropriate club representative in the event of any accident or illness, to obtain the considered necessary medical assistance and in this event I agree to pay all such doctors, hospital fees and expenses incurred in treating the above named player.

I/we have read and agree to the requirements of the club's Code of Conduct found on the club's website: www.newmansiennanetballclub.com.au

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Personal accident and public liability is automatically provided to all registered players who are injured at Perth Netball Centre.

Player's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Enquiries can be made via info@newmansiennanetballclub.com.au or phone 9204 1197.

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THE CLUB RESERVES THE RIGHT TO RETURN APPLICATION FEES FOR REGISTRATION IF PLAYERS CANNOT BE ACCOMMODATED OR IF PLAYERS DO NOT ATTEND GRADING.